

6-10-80

UTAH DEPARTMENT OF EMPLOYMENT SECURITY
Job Service
386 North Main
P.O. Box 280
Spanish Fork, Utah 84660

REQUEST FOR EMPLOYMENT AND SEPARATION INFORMATION

Soldier Summit City
Soldier Summit, UT 84601

**THIS FORM MUST BE COMPLETED
AND RETURNED TO THE ABOVE
OFFICE WITHIN 48 HOURS**

Date 6-2-80

Roger Neil Anderson Social Security No. 524-42-3147

has filed a claim for unemployment benefits showing employment with you during all or part of the period shown in Item 8. Please complete the following items and return the form immediately. This information is needed to prepare a monetary determination. Whether or not benefits are paid will depend on reason for separation, ability, and availability for work.

1. Last date hired or rehired _____ 2. Date last worked _____

3. Reason for Separation: (Check one and/or explain in "Remarks")

- | | | |
|---|---|---|
| <input type="checkbox"/> To accept other employment | <input type="checkbox"/> Reduction of force | <input type="checkbox"/> To marry |
| <input type="checkbox"/> To attend school | <input type="checkbox"/> Temporary layoff | <input type="checkbox"/> To assume household duties |
| <input type="checkbox"/> To leave the area | <input type="checkbox"/> Misconduct (Explain) | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Failed to report for work | <input type="checkbox"/> Illness | <input type="checkbox"/> Other (Explain) |

4. Did this employee work full-time hours? Yes ☐ No ☐ If "No," was full-time work available? Yes ☐ No ☐

5. Does this employee receive, or will he receive, retirement benefits under a pension plan set up by your company? Yes ☐ No ☐ If "Yes," show monthly amount \$ _____ and effective date _____

6. Did this employee remain on your payroll beyond the last day worked (as shown in Item 2) because of vacation pay, separation pay, etc.? Yes ☐ No ☐ If "Yes," enter type of payment _____, Rate of pay _____ and period: From _____ To _____

7. In how many calendar weeks did he earn \$20 or more during the four quarters indicated below? (If 19 weeks or more, show 19+; if less, show exact number.) _____

8. Enter the gross amount of this employee's wages for the calendar quarters shown below.
INCLUDE ONLY WAGES WHICH ARE REPORTABLE TO UTAH.

Calendar Quarters		GROSS UTAH WAGES (If none, so state)	DO NOT WRITE IN THIS SPACE	
Beginning	Ending			
Apr. 1, 1979	June 30, 1979			
July 1, 1979	Sept 30, 1979			
Oct. 1, 1979	Dec. 31, 1979			
Jan. 1, 1980	Mar. 31, 1980			

9. If, during the periods shown in Item 8, this employee had earnings reportable to another State show below the amounts by quarter and the State to which it was reported.

Remarks: _____

Employer's Name _____ Utah Employment Security
Registration Number _____

Signed _____ Title _____ Date _____

Apr.
1979

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May
1979

	1	2	3	4	5	
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June
1979

				1	2	
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July
1979

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Aug.
1979

		1	2	3	4	
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Sept.
1979

					1	
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Oct.
1979

	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Nov.
1979

				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Dec.
1979

						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Jan.
1980

		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Feb.
1980

					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	

Mar.
1980

						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

INFORMATION AND INSTRUCTIONS

Return the completed form in the enclosed self-addressed envelope.

Information must be accurately reported. Particular care should be taken in reporting wages, weeks of employment, and your Utah Employment Security Registration Number.

PENALTY PROVISION

Section 35-4-17(h) of the Utah Employment Security Act requires that each employer furnish within 48 hours of the receipt of a request from the Commission, a report of the base period earnings of any individual.

This section of the Act also provides that for each failure by an employer to comply with such request, the Commission may assess a penalty of \$10.